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ABSTRACT

The development of the Social Work Problem Classification is an early step in the provision of a uniform nomenclature for classifying the needs and problems of children and youth. There are many potential uses for a diagnostic classification and coding system. The two most important for the practitioner are: (1) problem identification and monitoring for individual patients; and (2) creation of an information base for developing a program plan for intervention for a service population. This document is divided into the following major sections: (1) Introduction to Classification System (Purpose, Utilization-Application); (2) Instructions for Using Social Work Problem Codes (Rationale for Assigning Codes, Descriptions of Problem Code by Position Digit, Areas of Special Note When Assigning Codes, Case Examples and Application of Numerical Codes); (3) Conclusion; (4) Problem Classification and Codes; and (5) Alphabetical Index. (Author/JLL)

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SOCIAL WORK PROBLEM CLASSIFICATION FOR CHILDREN AND YOUTH

U.S. DEPARTMENT OF HEALTH
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EDUCATION

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PREFACE

The Children and Youth projects were established in 1965 to provide comprehensive health care to children of low-income families. Early in the development of these projects, it became apparent that health professionals, other than physicians and dentists, did not have a classification system for identifying and reporting patient problems. Supported by a Maternal and Child Health research grant, Minnesota Systems Research, Inc., has developed Problem Codes for Nursing, Social Work, Nutrition and Psychology. This work was accomplished with the assistance of professionals of these disciplines from project, Regional, and Central Office staff. The Problem Codes have been pilot tested and revised on the basis of comment from practitioners.

Major objectives of the Bureau of Community Health Services include the improvement of child health care in all delivery settings. To assist in implementing this objective, the Bureau of Community Health Services is disseminating these Problem Codes to providers in the field for expanded application. This problem classification system is a tool to be used in recording and identifying health problems presented to practitioners by their patients. It is a first step toward standardizing the diagnostic information used in deciding what care is needed and appropriate for individual and family health. Because of consistency in terminology, the use of the code can lead to improved record keeping and to improved communication between health professionals. Potentially, it can be used in aggregate form for program planning, determining provider effectiveness, resource allocation, and finally, for evaluation of various modes of health care delivery.

To be of value, the Problem Codes must be utilized by people who understand and appreciate its potential and its limitations in carrying out a specific activity. Regional workshops are being planned for consulting and practicing multidiscipline professionals on the use and benefits of the Problem Codes. We urge you to review this problem classification system and to utilize it where feasible.

We invite your critical comments.

Vince L. Hutchins, M.D.
Director
Division of Clinical Services
Bureau of Community Health Services
Health Services Administration
Department of Health, Education, and Welfare

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INTRODUCTION TO CLASSIFICATION SYSTEM OF SOCIAL WORK PROBLEMS

This Social Work Problem Classification system is an initial effort to classify the results of the assessment function for social workers. It was developed within the framework of a multi-disciplinary program for the delivery of child health services. The codes are intended to:

a) assist in identification of problems and to describe health status

b) make summarizations of problems and status easier for groups of served persons

c) be used in patient care planning, care evaluation audit, and review as well as to form a base for field research.

In 1965 the Federal government passed legislation requiring the delivery of comprehensive health care to children of low-income families through Children and Youth (C & Y) projects. This legislation required all projects to collect certain data about the population they served, the health problems they encountered, and the services they delivered. One class of required data items was the medical and dental conditions diagnosed. At that time a classification system for medical and dental diagnoses existed and was modified for C & Y project reporting. It soon became apparent, however, that other disciplines, including social work, nutrition, psychology and nursing might also benefit from the use of a classification system for identifying and reporting patient problems related to their areas of functioning.

The development of a nomenclature and classification system for social work, nutrition, nursing, and psychology was begun and completed as a part of a grant which required the collection of uniform statistical data to be used in documenting the delivery of comprehensive health care to children and youth. Professionals from each of these four areas were selected to form task forces. Each of these task forces was to develop a system which would name and code the status of patients when assessed in each of their disciplines. At various stages in the development of these four pieces of work, the materials were tested by practitioners in differing types of health care delivery settings. Based on the results of these trials, the materials were then revised.

In the context of this nomenclature and classification scheme, the term "problem" has been used to connote the status of a child who has been assessed by professionals in the social work discipline and found to be "not well", i.e., an actual or anticipated dysfunction of the individual by social work standards. It presumes that the systematic process of restoring and enhancing functioning, as well as preventing dysfunctioning within the framework of the social work expertise, can best occur when an orderly identification of needs or problems is individually perceived and then documented for individuals or populations. The system classifies problems into six major groupings: 1) physical problems or long-term illness; 2) behavioral/emotional/learning problems; 3) the child's environment; 4) growth and development; 5) stress and transient situations; and 6) child rearing and home management. A seventh grouping is included which has a dual purpose; it provides a code which describes the child's state of health as "well" within the expertise of the social work discipline, while also classifying anticipatory needs of children whose current state of health is either "well" or "not well".

As a discipline, social work uses the concept of multiple causation of problems recognizing the bio/psycho/social nature of individuals. This classification system reflects that concept in its descriptive terms and structure. In so doing, it makes it possible for the user to identify clusters of functions and dysfunctions of individuals, and is also the first step in quantifying the areas of need and the gaps in service for groups.

This classification and coding system is, therefore, one element in defining the complete array of health problems which occur in a population. Although it offers a means of describing and documenting functioning and dysfunctioning, for each discipline area, it does <u>not</u> identify or prescribe methods of intervention.

PURPOSE

The development of the Social Work Problem Classification is an early step in the direction of providing a uniform nomenclature for classifying the needs and problems of children and youth. There are many potential uses for a diagnostic classification and coding system. The two most important

uses for the practitioner are a) problem identification and monitoring for individual patients and b) creation of an information base for developing program plans for intervention for a service population. With respect to the individual patient, the classification structure facilitates a more complete assessment because it suggests a wide spectrum of possible considerations such as: anticipatory guidance; illness management; physical, behavioral, emotional and learning problems, environmental and community effects; growth and development; stress and crisis management problems. With respect to the population needs, the incidence of specific problems can be determined in order to identify the frequency of prevailing problems, high risk groups in a given population, the direction of efforts by professionals in that field, and the contribution of social work to the total care for the patient within that particular health care delivery setting.

UTILIZATION - APPLICATION

The use of the Social Work Problem Classification will suggest functions and applications for the future as data are generated by different health care sites and practitioners. Included below are selected potential uses and applications of the diagnostic classification and codes.

Patient Care

By using the classification and codes a more complete and explicit identification and definition of the problem or problems of the individual patient can be made. This should result in specific, tailor-made care plans for each person. This system can also be used as the basis for a relatively simple monitoring mechanism to track each individual in terms of their problems and care plan and thus check on the effectiveness of the planned intervention.

Planning

In order to decide on a plan - who is to do what; with, by, to and form whom; at what time; in what place; by what methods; using what resources; in what sequence; for what intended outcome - one must begin with an identification and definition of the problem. This coding and classification can serve as that initial step in planning for an individual or for a program.

By summarizing data collected on the nature and extent of social work problems one can identify unmet needs, gaps in services, and priorities for program planning. The periodic review of the data will make it possible to shift program priorities as intervention affects previously identified problems.

This classification and coding system also enables interdisciplinary problem identification and planning in a team setting. This is followed by determining which team member is responsible for intervention, thereby eliminating a duplication of unnecessary patient and staff interaction.

Accountability

Use of the coding system provides the opportunity for the practitioner to describe social work problems in a uniform manner and thus assemble data which can identify unmet needs or gaps in service for the individual or populations being served. Comparison of problems over time, across disciplines and health care settings, as well as by region, age, sex and ethnic group will provide an extensive data base useful to practitioners and health planners. The data will also help health care professionals see the magnitude of existing problems, give order to priorities for service, and show manpower needs internally to their program planners as well as externally to legislators, budget administrators, third party payors and other individuals whose decisions affect the existence and scope of the health care delivery system

Program Evaluation

The codes will provide the data base and (if used in monitoring care plans) the outcomes for evaluating the efficiency and/or effectiveness of both intervention and prevention programs.

Research

The data base provided by the diagnostic codes is potentially the required resource for research to investigate relationships between social work problems and other health problems; between problems and types of intervention; and between problems and outcomes.

INSTRUCTIONS FOR USING SOCIAL WORK PROBLEM CODES

RATIONALE FOR ASSIGNING CODES

The diagnostic codes have been designed as a four digit categcrization system. Separate numerical codes have been developed on the basis of frequency of occurrence, importance and preciseness of characterization of the condition or problem. In addition to the tabular numerical code listing there is an alphabetical index of the conditions/problems with their corresponding numerical code.

Prior to assigning a numerical code, the alphabetical listing should be consulted to locate the correct problem descriptor and corresponding numerical code. It is possible that a particular descriptor or descriptive phrase may have more than one alternative numerical code reflecting social problems or status. When more than one code is possible for one problem the level of preciseness or focus from the assessment will determine which code to use.

It is important to note that this classification system is a compromise: a composite index which will not meet all specialized needs. It is also important to realize that the degree of standardization is often erratic in terms of: 1) the focus of social work practice across various health care settings; 2) the assessment/workup process from one practitioner to another in the same discipline and/or; 3) the description of social functioning or dysfunctioning from one social wroker to another even within the same setting. It is hoped, however, that this endeavor will improve standardization in these areas (when possible) and provide at least a common basis of nomenclature and classification of problems. By summary tabulation it can also document the degree of functioning or dysfunctioning which exists in a population of children and youth.

The degree of completeness of recording identified problems for each child depends upon the use to be made of such information:

1. INDIVIDUAL PROBLEMS OR STATUS

   If the coded information is to be used to indicate intended resolution of the problem or other status, the practitioner would code only those problems which he/she expects to affect or resolve or the status he/she expects to maintain.

2. INCIDENCE OF PROBLEMS

   If the coded information is to be used to indicate the rate at which problems are newly arising in a program or community, the practitioner would only need to code an individual's problems/needs which fit the targeted objectives of the practitioners and/or program (and summarize them).

3. PREVALENCE OF PROBLEMS

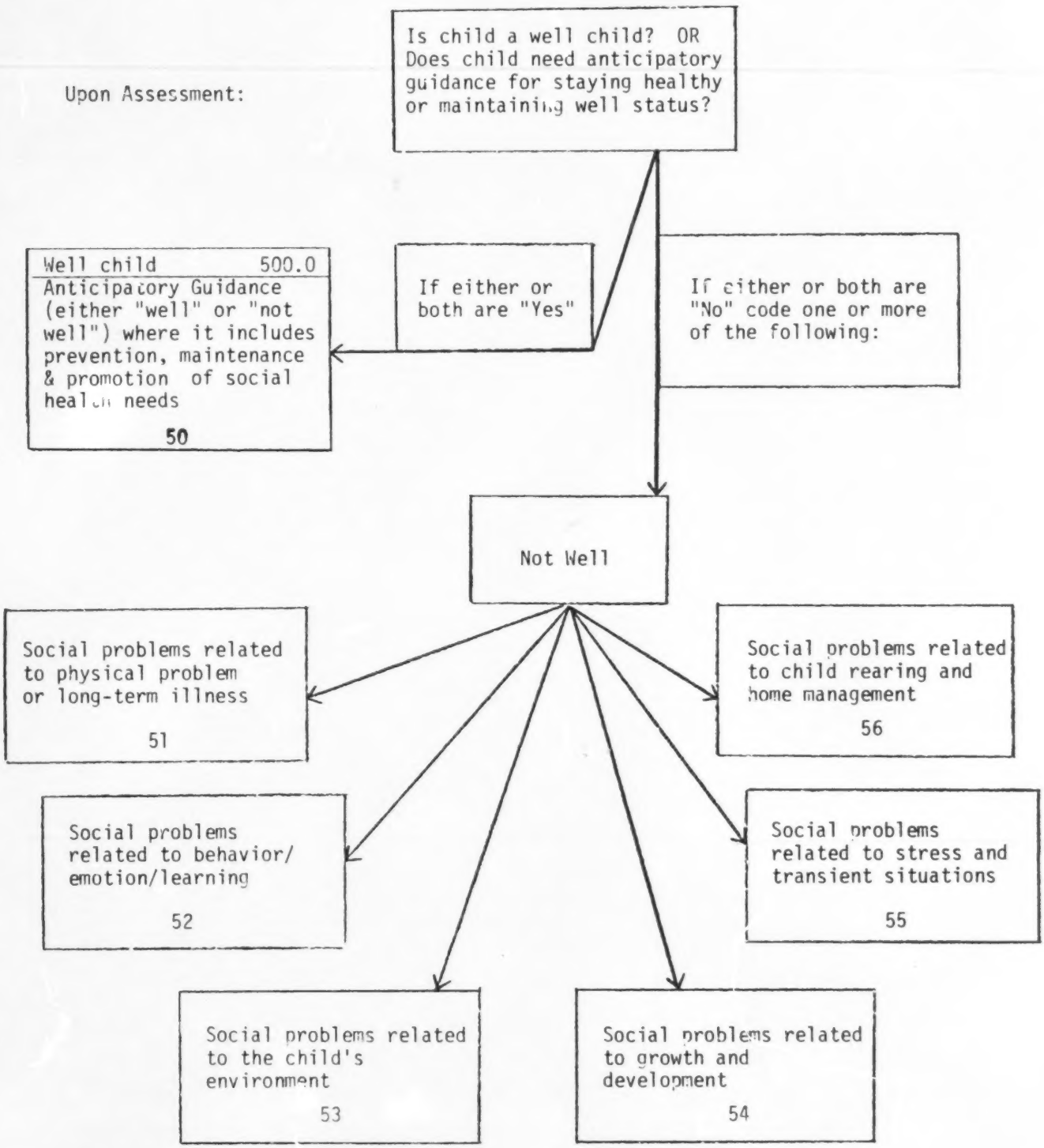
   If the coded information is to be used to indicate the rate at which problems exist in the community, the practitioner would need to list and code all problems identified for each child (the child's general health status) so that they can be summarized for the service area.

In all cases, it should be emphasized that the codes are to be used to document problems and needs of children and youth and not intervention techniques/methods. These problems are identified specifically in the social worker's area of functioning, and are usually not the same as the medical diagnoses, although they are often related. Furthermore, the nomenclature and classification scheme is designed to be patient specific, and is not designed to describe specifically the family situation, other family members or other external forces or conditions except as the codes specify them to be a factor or an impingement upon the functioning or dysfunctioning of the particular child being assessed.

DESCRIPTION OF PROBLEM CODE BY POSITION DIGIT

The following diagram represents the major categories of problems which form the basis of the classification scheme for social work.

SOCIAL WORK CODES: MAJOR CATEGORIES


Upon Assessment:
Is child a well child? OR Does child need anticipatory guidance for staying healthy or maintaining well status?
If either or both are "Yes"
If either or both are "No" code one or more of the following:
Well child 500.0
Anticipatory Guidance (either "well" or "not well") where it includes prevention, maintenance & promotion of social health needs
50
Not Well
Social problems related to physical problem or long-term illness
51
Social problems related to child rearing and home management
56
Social problems related to behavior/ emotion/learning
52
Social problems related to stress and transient situations
55
Social problems related to the child's environment
53
Social problems related to growth and development
54

First Position Digit Identifies the Discipline or Functional Area

3 - Nursing

4 - Nutrition

5 - SOCIAL WORK

6 - Psychology

Second Position Digit Identifies the Major Categories (see diagram)

50 - Well child; anticipatory guidance for "well" and "not well" children. i.e., prevention, maintenance and promotion of social health needs.

51 - Social problems related to physical problems or long-term illness.

52 - Behavioral/emotional/learning problems of the child affecting social status.

53 - Environmental problems affecting social status

54 - Social problems related to overt problems due to temporary deviations from normal growth and development.

55 - Social management problems related to stress and transient situations (short-term).

56 - Child rearing and home management problems affecting social status.

Third Position Digit Identifies the Problem More Specifically

The third position digits _ _0 to _ _9 in the code structure identify more specifically the social problems in each of the major categories. The third digit, _ _9, has been designated "Other" and is to be used consistently for the few of a kind problems, not otherwise specified. The recorder should always state the problem when this third digit _ _9 - Other is used. Users may wish to designate a separate code for a certain "other" problem group if that problem exists in their setting in sufficient numbers.

Fourth Position Digit Identifies the Problem by Name or Very Specifically

The fourth position digits _ _ _.0 to _ _ _.9 in the code structure identify by name the exact problem assessed in the social work area. The fourth digit, _ _ _.9, has been designated "Other" and is to be used consistently for the few of a kind problems, not otherwise specified. The recorder should always name the problem when this fourth digit _ _ _.9 - Other is used.

AREAS OF SPECIAL NOTE WHEN ASSIGNING CODES

Coding of Well Child Status/Anticipatory Guidance

Category 50 - includes a code for the well child who at the present time has no needs other than routine health promotion counseling - 500.0. If, however, the social worker judges that the well child has a specific area of potential need, a code from 501 - 509 should be assigned which will specify that particular anticipated social need. When there are areas of anticipatory guidance covered routinely, as part of the overall social work program, it is not necessary to code this routine. Only when the social worker has particular concern or sees a special anticipatory guidance need does a specific code need to be assigned to the well child.

Coding of Anticipatory Needs

In addition to applying the anticipatory guidance codes in 501 - 509 to a well child status, these codes may also be used in association with illness conditions or problems of not well children (510 - 599). If a child has a problem and needs related anticipatory counseling, code the problem(s) and also code any anticipatory or supportive counseling need(s).

Problems of Family or Environment Affecting Child

As has been stated, this nomenclature and classification system is based on patient specific assessment and is limited to problems of a child and youth population. It includes sections for coding the child's community or household environment, as well as cultural and family practices which appear to impinge directly on the child's social status. However, these codes are not intended to describe fully the status or problems of those other persons or situations.

Distinction in Similar Nomenclature Used at Third and Fourth Digit Positions

In some cases the same or similar phrases are used to code conditions at both the third digit level and fourth digit level. The assignment of the appropriate code is dependent on the depth and thoroughness of the assessment/workup process,

as well as the role and focus of the social work program and practitioner. It may not be possible for the assessment/workup to be sufficiently in-depth to name the specific condition. At that time a third level code should be used. The completeness with which the practitioner is able to define and describe the patient's overall social status may therefore, dictate the level of code which can be assigned.

Followup Visits

When patients return for a followup visit for a previously identified problem, the recording system to which this coding applies must include some mechanism to assure that it is a revisit and not a new condition. Although the followup mechanism should be documented as part of a summary data system, it is beyond the scope of this tool. Comment is included here to be certain that multiple recording and reporting of the same condition does not occur in the uses for planning or estimating prevalence or incidence.

Identification of Problems, Not Intervention Techniques

In utilizing this classification system, it is important to remember that the results of the assessment of a situation which exists or potentially exists as a problem or need is what is being classified, not an intervention technique or method. As a result of the assessment/workup process, one or more short descriptive statements or phrases are written which summarize the findings of that process, i.e., problems are described or "wellness" is documented and numerical codes are assigned to these statements. Following this assessment a plan of care should be developed which will include methods or techniques of intervention or treatment to resolve the problems or maintain the "wellness". It is not possible to classify these intervention techniques or methods using these codes as presently developed, although this system would form the basic data set for any subsequent monitoring of intervention or evaluation of outcomes.

CASE EXAMPLES AND APPLICATION OF NUMERICAL CODES

Case #1: Mark is an eight year old boy with Cystic Fibrosis. His mother is referred to the social worker because Mark's home treatment is not being carried out regularly. The oldest daughter who had been responsible for the treatment left home recently and the parents are unsure of the procedures. Problem Code: 515.8

5	1	5 .	8
Designates SOCIAL WORK as area identifying the problem	Designates the major problem area as CHILD'S PHYSICAL CONDITION or CHRONIC OR FATAL ILLNESS	Designates specific problem as PROBLEMS REGARDING CHILD'S NECESSARY MEDICAL CARE	Designates the name of Social Work problem as IMPLEMENTATION OF HOME CARE TECHNIQUES PRESENTS DIFFICULTIES TO PARENTS OR CHILD

Case #2: The social worker, in talking with a family new to the area, learns that the younger child is involved in a nearby community center, but the teenage sons have not found any recreactional outlets. Problem Code: 502

5	0	2
Designates SOCIAL WORK as area identifying the problem	Designates major problem area as WELL CHILD, ANTICIPATORY GUIDANCE FOR WELL AND NOT WELL CHILDREN	Designates specific problem as OTHER FAMILY MEMBERS NEED OPPORTUNITY FOR ENRICHMENT OF SOCIAL FUNCTIONING

Case #3: Eleven year old Jill has just been placed in a foster home across town. Her foster mother tells the social worker that Jill doesn't like her new school or classmates and spends as much time as possible in her old school and neighborhood.
Problem Code: 552.5

5	5	2 .	5
Designates SOCIAL WORK as area identifying the problem	Designates major problem area as SHORT-TERM STRESS OR CRISIS SITUATION	Designates specific problem as TRANSITIONAL CRISIS	Designates the name of social work problem as FOSTER HOME PLACEMENT

CONCLUSION

As with most developmental endeavors of this type, no amount of testing, revising and thought can create a product that does not need to be updated, changed and/or expanded to meet future needs. In any profession, areas of expertise, interest and focus change over time.

There are one-thousand codes available in this particular coding scheme. By adding another digit greater specificity could be accomplished. However, far less than the one-thousand possibilities are currently utilized. Within this schema, expansion could be made for more preciseness, for specialized areas of social care, or for inclusion of other age groups.

5-- SOCIAL WORK PROBLEM CLASSIFICATIONS

50- ANTICIPATORY GUIDANCE FOR "WELL" AND "NOT WELL" CHILDREN

500 No unmet social needs evident in child or family; or unmet social needs of child/family create no problem

- 500.0 Well child, only routine anticipatory guidance needed, no specific problem

501 Child needs opportunities for enrichment of social functioning
502 Other family members need opportunity for enrichment of social functioning
503 Child needs services to maintain socially well status
504 Other family members need services to maintain child's socially well status
505 At risk for social dysfunction associated with child's physical condition
506 At risk for social dysfunction associated with physical and or mental condition of other family member (i.e., handicapped parent, chronic depressed parent, continuing psychiatric problem)
507 At risk for social dysfunction due to family difficulties not specifically related to child (i.e., chronic marital discord, dysfunctional family)
508 At risk for social dysfunction due to other family difficulties in meeting child's needs
509 At risk for social dysfunction due to other environmental factors that impinge on the child and/or family

51- CHILD'S/FAMILY'S SOCIAL FUNCTIONING IMPAIRED IN ASSOCIATION WITH CHILD'S PHYSICAL CONDITION OR CHRONIC OR FATAL ILLNESS

510 Child's patterns of self care distrubed in association with child's physical condition

- 510.0 Sleeping
- 510.1 Eating
- 510.2 Toileting
- 510.3 Grooming and/or physical care
- 510.4 Ambulation
- 510.5 Communication
- 510.6
- 510.7
- 510.8
- 510.9 Other

511 Child's peer group relationships impaired in association with child's physical condition

511.0 Isolation of child due to treatment/hospitalization
511.1 Withdrawal from peers
511.2 Nature of involvement with peers threatening child's health
511.3 Rejection by peers
511.4 Exaggerated dependence on peers
511.5 Independence from peers exaggerated
511.6 Does not get along with peers
511.7
511.8
511.9 Other

512 Family functioning impaired in association with child's physical condition

512.0 Child's exaggerated dependence on family
512.1 Child's exaggerated independence from family
512.2 Marital conflict associated with child's physical condition
512.3 Extended family conflict
512.4 Sibling conflict
512.5 Child-parent conflict
512.6 Parents self-concept disturbed
512.7 Family work/recreation disturbed
512.8 Parent's functioning outside home disturbed
512.9 Child's absence for treatment disturbing to family

513 Family functioning impaired in association with child's physical condition (continued)

513.0 Family negative feelings interferes with childs health
513.1 Family cultural patterns interferes with childs health
513.2 Childs feelings about illness/health care expressed in negative behavior
513.3 Care of child creates difficulties in caring for other siblings
513.4 Family disturbance related to terminally ill child
513.5 Care of child adds stress to parent's health status
513.6 Care of child interferes with parent getting needed medical care
513.7 Family invested in maintaining "sick" child
513.8
513.9 Other

514 Formal education process disrupted in association with childs physical condition

- 514.0 During hospitalization
- 514.1 While homebound
- 514.2 Irregular school attendance
- 514.3 Limited capacity to participate in full educational program
- 514.4 Illness used unnecessarily to avoid school
- 514.5 School adjustment/learning difficulties due to childs feelings about his/her condition
- 514.6 Child's age differs from classroom norm
- 514.7 Long-term placement in school for handicapped
- 514.8 No appropriate school placement available
- 514.9 Other

515 Problems regarding child's necessary medical care

- 515.0 Treatment unavailable in community
- 515.1 Treatment unacceptable to child/family
- 515.2 Treatment inaccessable (transportation difficult, hours facility is open, etc.)
- 515.3 Treatment too expensive for, or strains family budget excessively
- 515.4 Problem in relationship between health care personnel and child/family
- 515.5 Institutional barriers to treatment
- 515.6 Family problem interferes with child's treatment
- 515.7 Implementation of home care techniques presents difficulties to parents or child
- 515.8
- 515.9 Other

516 Childs self image affected negatively in association with child's physical condition

- 516.0 Retardation of child's growth and/or sexual development impairs social relationships
- 516.1 Developmental, physical abnormalities of the child affecting child's self image negatively (birth defects, retarded)
- 516.2 Sudden change in physical body image affecting child's self-image negatively (accident, illness)
- 516.3 Genital abnormality affecting child's sexual social maturity
- 516.4
- 516.5
- 516.6
- 516.7
- 516.8
- 516.9 Other

517 Currently unused, open for future use and expansion

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517.2
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518 Currently unused, open for future use and expansion

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519 Currently unused, open for future use and expansion

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52- CHILDS SOCIAL FUNCTIONING IMPAIRED IN ASSOCIATION WITH BEHAVIORAL/ EMOTIONAL/LEARNING PROBLEMS

520 Child's learning retarded or affected

520.0 Intelligence deficiency
520.1 Perceptual difficulties
520.2 Family attitudes toward education
520.3 Need for bi-lingual school facilities
520.4 Limited educational resources
520.5 Poor motivation for learning
520.6 Fear of school setting
520.7 Family stress affecting child's learning
520.8 Developmental delay, learning disability
520.9 Other

521 Child's behavior affects peer and/or family relationships

- 521.0 Withdrawn or hostile behavior disrupting relationships with adults in authority
- 521.1 Withdrawn or hostile behavior disrupting relationships with peers
- 521.2 Asocial behavior (stealing, exposing, carrying knives, fire setting, etc.)
- 521.3 Hyperactivity
- 521.4 Failure to control urine and/or feces
- 521.5 Poor impulse control
- 521.6 Low frustration tolerance
- 521.7 Difficulty in accepting limits
- 521.8
- 521.9 Other

522 Child's social functioning impaired in association with child's emotional disorder

- 522.0 Psychotic (autism, schizophrenia, etc.)
- 522.1 Neurotic (school phobia, excessive fearfulness, night terrors, depression, etc.)
- 522.2 Obesity
- 522.3 Anorexia
- 522.4 Passivity
- 522.5 Compulsive behavior
- 522.6 Drug/alcohol abuse or addiction
- 522.7 Maladaptive sleeping problems
- 522.8 Psychosomatic symptoms
- 522.9 Other

523 Child's problems in social functioning compounded by child's resistance to treatment, services

- 523.0
- 523.1
- 523.2
- 523.3
- 523.4
- 523.5
- 523.6
- 523.7
- 523.8
- 523.9

524 Currently unused, open for future use and expansion

- 524.0
- 524.1
- 524.2
- 524.3
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525 Currently unused, open for future use and expansion

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526 Currently unused, open for future use and expansion

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529 Currently unused, open for future use and expansion

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529.9

53- CHILD'S SOCIAL FUNCTIONING IMPAIRED BY ENVIRONMENTAL PROBLEMS

530 Inadequate housing impairs child's social functioning

530.0 Overcrowded
530.1 Parents and child share same room
530.2 Siblings of different sex share same room
530.3 Inadequate facility (i.e., sanitation, maintenance, heating, basic furnishings, etc.)
530.4 Insecure (i.e., burglaries, etc.)
530.5 Infected by rats, vermin, etc.
530.6 Lead paint hazard
530.7 Alternative housing unavailable
530.8 Rent excessive
530.9 Other

531 Problems in neighborhood impair child's social functioning

531.0 Physical safety of child endangered by traffic conditions and/or unsafe transportation
531.1 Sense of community centered around disruptive and/or destructive gangs, drugs and/or alcohol abuse or other criminal behavior of neighbors
531.2 Family isolation, lack of communication
531.3 Inadequate police protection
531.4 Inadequate or lack of safe recreation space
531.5 Inadequate or lack of sanitation services

531.6 Inadequate or lack of shopping facilities
531.7 Racial/ethnic tensions and/or changing neighborhood
531.8 No available employment
531.9 Other

532 Problems in the school setting impair child's social functioning

532.0 Overcrowding
532.1 Lack of security
532.2 Busing problem
532.3 Lack of bi-lingual facilities
532.4 Racial/ethnic prejudice impedes learning
532.5 Teacher inadequacy and/or bias against child
532.6 Inadequate supportive services (including recreation) in school
532.7 Inappropriate class placement, alternative situation needed
532.8 Inadequate individualization or stimulation in education programming by school personnel
532.9 Other

533 Social services needed by the child and/or family are inadequate or unavailable

533.0 Day care facilities
533.1 Child protective services
533.2 Homemaker services
533.3 Recreational programs
533.4 Bi-cultural services
533.5 Family supportive services (i.e., counseling services, child guidance, etc.)
533.6 Public financial support
533.7 Legal and/or court services
533.8 Social work diagnostic and/or treatment services
533.9 Other

534 Mental health services needed by the child and/or family are inadequate or unavailable

534.0 Diagnostic resources
534.1 Outpatient treatment
534.2 Inpatient treatment
534.3 Post-hospitalization follow-up
534.4 Language/cultural barriers
534.5 Available services not related to needs of this child/family
534.6 Family focus needed and lacking
534.7 Outreach component lacking
534.8 Financial barriers prevent useage
534.9 Other

535 Currently unused, open for future use and expansion

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536 Currently unused, open for future use and expansion

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54- CHILD'S SOCIAL FUNCTIONING IMPAIRED IN ASSOCIATION WITH STAGES OF GROWTH AND DEVELOPMENT

540 Infancy

540.0 Lack of interest in body exploration
540.1 Feeding difficulties
540.2 Caretaker-infant relationship disturbed
540.3 Lack of appropriate response to other people
540.4 Lack of interest in object exploration
540.5 Lack of interest in space exploration
540.6 Lack of interest in acquiring self-feeding skills
540.7 Excessive crying
540.8 Sleeping habits disturb household
540.9 Other

541 Early childhood

541.0 Lack of interest in object exploration
541.1 Lack of interest in space exploration
541.2 Lack of interest in other children
541.3 Lack of interest/fearfulness of other adults
541.4 Overly dependent on caretaker
541.5 Active/passive resistance to self-feeding
541.6 Active/passive resistance to self-toileting
541.7 Active/passive resistance to learning speech
541.8
541.9 Other

542 Preschool

542.0 Active/passive resistance to self-care
542.1 Lack of or disturbed peer relationships
542.2 Disturbed family relationships
542.3 Overly dependent on family
542.4 Lack of enjoyment of play

542.5 Active/passive resistance of other adults
542.6 Lack of curiosity
542.7 Disturbances in verbal communication
542.8 Disturbances in age-appropriate attention span
542.9 Other

543 School age

543.0 Lack of or disturbed peer relationships
543.1 Difficulty with child's separation from home
543.2 Difficulty with development of problem-solving skills
543.3 Difficulty with development of social relationships with non-family adults
543.4 Disturbance in verbal communication
543.5
543.6
543.7
543.8
543.9

544 Puberty

544.0 Early sexual development creates stress and difficulties in relationships
544.1 Late sexual development creates stress and difficulties in relationships
544.2 Parents and/or youth's lack of understanding of sex and/or physiological changes in sexual development creates family conflict
544.3 Youth withdraws from external social relationships into family
544.4 Youth withdraws from family relationships into external social relationships
544.5 Youth experiences difficulties in sexual identity
544.6
544.7
544.8
544.9 Other

545 Adolescence

545.0 Parental lack of understanding of physiological and psychological changes occuring in adolescence
545.1 Youth overly dependent on family, separation gives more than normal difficulties
545.2 Youth having more than normal difficulty with school, has dropped out, and/or needs alternative educational situation
545.3 Youth's relationships with opposite sex give more than nornal difficulty, concern about homosexuality

545.4 Youth wishes to leave family, needs help establishing independent or alternative living situation (i.e., runaway, rejected by family, etc.)
545.5 Youth's sexual functioning goes beyond ability to cope with the consequences (i.e., trauma from possible pregnancy, pregnancy confirmed, abortion, etc.)
545.6 Youth having problems with marriage or living with boy/girl friend
545.7 Adolescent as parent (i.e., education on newborn care, adoption of child, post partum depression, etc.)
545.8 Needs assistance with vocational plans, finding and/or maintaining job
545.9 Other

546 Currently unused, open for future use and expansion

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547 Currently unused, open for future use and expansion

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55- SHORT TERM STRESS OR CRISIS SITUATION AFFECTING CHILD'S SOCIAL FUNCTIONING

550 Housing threatened or lost

550.0 Fire
550.1 Eviction
550.2 Eviction threatened: non-payment of rent
550.3 Eviction threatened: other reasons
550.4 Lack of utilities (heat, electricity, sanitary water supply)
550.5 Natural disaster (flood, hurricane)
550.6 Mortgage foreclosure
550.7
550.8
550.9 Other

551 Economic crisis

551.0 Loss of employment, laid off
551.1 Loss of public assistance
551.2 Unanticipated major expenditures
551.3 Alimony and/or child support withheld
551.4 No available source of income
551.5 Public assistance refused
551.6
551.7
551.8
551.9 Other

552 Transitional crisis

552.0 Geographic transition
552.1 Family composition changed
552.2 Remarriage
552.3 Child homeless due to abandonment by or exclusion from family
552.4 Adoption
552.5 Foster home placement
552.6 Changing custody of children
552.7 Child is runaway
552.8 Emotional problems in connection with institutional placement of child
552.9 Other

553 Crisis precipitated by child's aggressive behavior

553.0 Self-inflicted injuries
553.1 Attempted/committed injury to others
553.2 Attempted/committed rape
553.3 Destruction of property
553.4 Other delinquent and/or gang behavior
553.5 Other unpredictable and/or uncontrollable behavior
553.6
553.7
553.8
553.9 Other

554 Crisis in family functioning

554.0 Acute physical illness of family member
554.1 Dying or terminally ill family member
554.2 Loss of family member through death
554.3 Loss of family member through divorce/separation
554.4 Acute alcoholic/drug crisis in family member
554.5 Acute mental illness in family member
554.6 Unplanned pregnancy of mother
554.7 Crisis related to grandparent or extended family member
554.8 Birth of new child, post-partum depression of mother, etc.
554.9 Other

555 Crisis in home management

555.0 Immediate need for food
555.1 Immediate need for clothing
555.2 Immediate need for equipment/supplies/furnishings
555.3
555.4
555.5
555.6
555.7
555.8
555.9 Other

556 Child's acute illness and/or surgery

556.0 Parental need for understanding and support of medical plan
556.1 Child's need for understanding and support of medical plan
556.2 Special help needed to maintain family functioning during child's acute illness or surgery (i.e., homemaker service)
556.3 Financial problems related to child's acute illness or surgery
556.4 Special equipment need to carry-out home care
556.5 Impact on body image of acute illness or surgery
556.6 Disruption of family relationships (i.e., visiting)
556.7 Poor hospital adjustment
556.8 Diagnosis of terminal or chronic condition
556.9 Other

557 Crisis in chronic and/or potentially fatal illness

557.0 Management of parental feelings at diagnosis
557.1 Disruption of family relationships in acute episode
557.2 Child's understanding and acceptance of condition
557.3 Sibling's understanding and acceptance of condition
557.4 Extended family's understanding and acceptance of condition
557.5 Maladaptive family responses to long-term, fatal illness
557.6 Withdrawal of caring by hospital staff, family, friends
557.7 Interference with the mourning process
557.8
557.9 Other

558 Stress due to anticipated event or change in status

558.0 Possible loss of public assistance, Medicaid, etc. to family
558.1 Planning for hospitalization of child
558.2 Planning change in home status of child
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558.8
558.9 Other

559 Currently unused, open for future use and expansion

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56- PARENTAL CHILD REARING AND HOME MANAGEMENT PATTERNS WORK TOWARD IMPAIRMENT OF CHILD'S SOCIAL FUNCTIONING

560 Child rearing

560.0 Parental lack of understanding of age-appropriate behavior (too restrictive/too passive)
560.1 Child's social relationships impaired in association with cultural differences of home (e.g., language of parent, behavior expectations, etc.)
560.2 Child's needs for parental nuturance unmet (many children, much stress on parent, dysfunctional family)

560.3 Physical disability of parent(s) impedes child rearing
560.4 Intellectual incapacity, immaturity of parent impedes child rearing
560.5 Mental, emotional problems of parent(s) impedes child rearing (chronic depressed mother, psychotic parent)
560.6 Single-parented family lacking other adult support
560.7 Parental alcoholism/drug abuse
560.8 Parental resistance to treatment for child, lack of motivation
560.9 Other

561 Home management disorganized

561.0 Disorganized household manager (cleaning and/or maintenance)
561.1 Inadequate food buying, preparation or storage
561.2 Inadequate furnishing and/or equipment
561.3 Family communications dysfunctional, relationship problems
561.4
561.5
561.6
561.7
561.8
561.9 Other

562 Financial problems

562.0 High debt level
562.1 Unemployment
562.2 Inadequate funds
562.3 Misuse of available funds (alcoholism, gambling)
562.4 Lack of budgeting skills
562.5
562.6
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562.9 Other

563 Currently unused, open for future use and expansion

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564 Currently unused, open for future use and expansion

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57- ABUSE OF CHILD AFFECTING CHILD'S SOCIAL FUNCTIONING

570 Physical abuse

570.0 By psychotic parent
570.1 By alcoholic parent
570.2 By caretaker, other than family
570.3 By parent with poor impulse control
570.4 By other family member
570.5 By gangs
570.6 By parent under stress
570.7 By parent, exercising cultural practices of discipline
570.8
570.9 Other

571 Sexual abuse

571.0 By psychotic parent
571.1 By alcoholic parent
571.2 By caretaker, other than family
571.3 By parent with poor impluse control
571.4 By other family member
571.5 By gangs or adolescent in community
571.6 Child's activity provocative
571.7
571.8
571.9 Other

572 Neglect: emotional and physical

572.0 By psychotic parent
572.1 By alcoholic parent
572.2 By caretaker, other than family
572.3 By parent unprepared for role
572.4 By inconsistent or frequently absent parent or caretaker
572.5 By frequent change of caretaker
572.6 By parent under stress
572.7
572.8
572.9 Other

573

Currently unused, open for future use and expansion

579

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Currently unused, open for future use and expansion

59-

SOCIAL WORK ALPHABETICAL LISTING

- A -

Abandonment of child	552.3
Absence of child from home	512.9
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Abuse of child	
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sexual	see 571
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abortion	545.5
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conflict	545.0
family	545.0, 545.1 545.6
homosexuality	545.3
independence	545.4
lack of knowledge of	545.0
marriage	545.6
physiological changes	545.0
pregnancy	545.5
psychosocial changes	545.0
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runaway	545.4
school problems, dropout	545.2
separation problems	545.1
sexuality	545.3
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withdrawal	545.1
Adoption of child	552.4
Adults (also see Parents)	
difficulty with school age	545.3
fear of	541.3
in authority	521.0
resistance to	542.5
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Alcoholism	
child	522.6
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Autism	522.0

- B -

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  bed-wetting 521.4
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  hyperactive 521.3
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  withdrawn 521.0, 521.1
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    553.2, 533.3
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  runaway 553.5
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    534.4
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- C -

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  appropriate behavior for age 560.0
  conflict 560.1
  cultural differences 560.1
  emotional needs 560.4
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    560.4, 560.5
  physical needs 560.4
  relationships 560.1
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    542.7, 543.4
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- extended family 512.3
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- marital 512.3
- school 521.3
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- family functioning ..... see 554
- home management ..... see 555
- housing ..... see 550
- illness/surgery of child ..... see 556

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- D -

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- mother 560.5

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- toileting 510.2

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- E -

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- fearfulness 541.3
- feeding 541.5
- mother 541.4
- object exploration 541.0
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- self-toileting 541.6
- space exploration 541.1
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- F -

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- G -

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- H -

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530.7
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530.2
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- I -

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- L -

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- M -

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- N -

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- O -

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- P -

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